

**OFFICE OF THE FEDERAL DEFENDER**  
**EASTERN DISTRICT OF CALIFORNIA**  
**801 I STREET, 3rd FLOOR**  
**SACRAMENTO, CALIFORNIA 95814**  
(916) 498-5700 Fax: (916) 498-5710

Daniel J. Broderick  
Federal Defender

Linda Harter  
Chief Assistant Defender

June 15, 2007

**FILED**

JUN 15 2007

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY   
DEPUTY CLERK

Mr. Dwight M. Samuel  
Attorney at Law  
117 J Street, #202  
Sacramento, CA 95814

Re: **U.S. v. Michael Egan**  
**Cr.S-03-471-DFL**

Dear Mr. Samuel:

This will confirm your appointment as counsel by the Honorable David F. Levi, U.S. District Judge, to represent the above-named appellant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,

  
CYNTHIA L. COMPTON  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office  
Ninth Circuit Court of Appeals

1. CJA/DIST./DIV. CODE 09		2. PERSON REPRESENTED Egan, Michael		VOUCHER NUMBER																																																																																																													
3. MAIL DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER Cr.S-03-471-DFL		5. APPEALS DKT./DEF. NUMBER																																																																																																													
7. IN CASE/MATTER OF (Case Name) U.S. v. Egan		8. PAYMENT CATEGORY Appeal		9. TYPE PERSON REPRESENTED Appellant																																																																																																													
10. REPRESENTATION TYPE CA (Please Indicate)																																																																																																																	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) under offense charged, according to severity of offense.  Criminal Appeal																																																																																																																	
12. ATTORNEY'S NAME (Print Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS  Dwight M. Samuel, Esq. 117 J Street, #202 Sacramento, CA 95814  Telephone Number: (916) 447-1193			13. COURT ORDER <input type="checkbox"/> 0 Appointing Criminal <input type="checkbox"/> 1 State For Federal Defender <input type="checkbox"/> 2 State For Penal Attorney <input type="checkbox"/> 3 Co-Counsel <input type="checkbox"/> 4 State For Retained Attorney <input type="checkbox"/> 5 Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has notified under oath or has otherwise notified this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court: _____ Date of Order: 6/13/2007 Name Per Year Date: 6/6/07 Reimbursement or partial reimbursement ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																														
						14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																											
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22. CLAIM STATUS <input type="checkbox"/> First Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation under reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																	
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES																																																																																																													
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